

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: New Application
Applicant : Susan Shelso et al.
Filed : February 24, 2004
TC/A.U. : Unknown
Examiner : Unknown
Title : CATHETER HAVING AN IMPROVED DISTAL TIP
Docket No. : 1001.1725101
Customer No. : 28075

Confirmation No.:

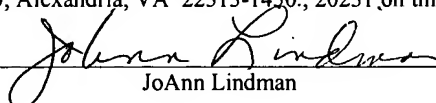
TRANSMITTAL SHEET

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of :EV333851896US, in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450., 20231 on this 24th day of February, 2004.

By


JoAnn Lindman

We are transmitting herewith the attached Patent Application including the following:

[X] 8 sheet(s) of specification.

[X] 37 claim(s).

[X] 1 sheet(s) of Abstract.

[X] 4 sheet(s) of formal drawings.

[X] Executed Declaration and Power of Attorney.

[X] An Assignment of the invention to SCIMED LIFE SYSTEMS, INC. is being filed contemporaneous with this patent application.

[] A certified copy of a _____ application, serial no. _____, filed _____, 19____, the right of priority of which is claimed under 35 U.S.C. 119.

CLAIMS AS FILED						
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE				\$385		\$770
TOTAL CLAIMS	37-20 =	17	x9=	\$	x18=	\$306
INDEPENDENT CLAIMS	5 -3 =	2	x43=	\$	x86=	\$172
() MULTIPLE DEPENDENT CLAIM PRESENTED			+145=	\$	+290=	\$
TOTAL			\$		\$1,248	

*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[X] A check in the amount of \$ 1,248.00 is enclosed.

[X] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

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